We made some minor corrections to the reported information, as well as some changes that improved the RBCrequirement.

These include pages 2, 6, 7, 25, 33.



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003 OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

·	ent Period) 1150 (Prior Period)	NAIC Company Code 95	Employer's ID Number	er <u>38-2008890</u>
Organized under the Laws of	,		micile or Port of Entry	Michigan
Country of Domicile		United States of A	America	
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []	
	Vision Service Corporation []	Other []	Health Maintenance Organization	on [X]
	Hospital, Medical & Dental Serv	vice or Indemnity []	Is HMO, Federally Qualified? Y	es [X] No []
Incorporated	11/08/1972	Commenced Business	02/28/	/1973
Statutory Home Office	7700 SECOND		DETROIT, MI	
·	(Street and Nu	mber)	(City or Town, State and	d Zip Code)
Main Administrative Office	-	7700 SECOI		
	TROIT, MI 48202	(Street an	d Number) 313-202-8500-27828	
(City or	Town, State and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	7700 SECOND AVENUE (Street and Number or P.O. Box)	,	DETROIT, MI 4820 (City or Town, State and Zip 0	
Primary Location of Books a	,	770	00 SECOND AVENUE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•			(Street and Number)	
	TROIT, MI 48202 Town, State and Zip Code)		313-202-8500-27828 (Area Code) (Telephone Number)	
Internet Website Address		www.wellpla	, , , , , , , , ,	
Statutory Statement Contact	Rao Kakarala		313-202-8500-27	 828
•	(Name)	 -	(Area Code) (Telephone Number	
гкака	arala@wellplan.com (E-mail Address)		313-202-6870 (FAX Number)	
Policyowner Relations Conta	ct	7700 SECO	ND AVENUE	
•	(Street and			-
	TROIT, MI 48202 Town, State and Zip Code)		313-202-8500 (Area Code) (Telephone Number) (Exter	nsion)
Kathleen Ca	DIRE	VICE PRESIDENTS ECTORS OR TRUSTE Bernard Francis Parker		ınn Williams
Charles Francis W		Bernard Francis Parker	Carol A	nn willams
State of	Michiganss	;		
reporting period stated abov claims thereon, except as he or referred to is a full and tr period stated above, and of Statement Instructions and	e, all of the herein described asserein stated, and that this statem ue statement of all the assets a its income and deductions there Accounting Practices and Proced	sets were the absolute property tent, together with related exhibit and liabilities and of the condition from for the period ended, and dures manual except to the ext	e described officers of said report of the said reporting entity, free a its, schedules and explanations the n and affairs of the said reporting have been completed in accorda ent that: (1) state law may differ s, according to the best of their in	and clear from any liens on herein contained, annexed g entity as of the reporting ance with the NAIC Annua ; or, (2) that state rules on
Richard Eugene Sta Preside (Deputy Reha	nt	Donn Robert Merrill Secretary (Deputy Rehabilitator)	Tre	easurer
			a. Is this an original filing?	Yes [] No [X]
Subscribed and sworn to be			b. If no,	
28thday of	April, 2004		 State the amendment num Date filed 	nber <u>1</u> 04/28/2004
Polly J. Jones Notary Public Wayne County, August 17, 2007	MI		Number of pages attached	

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	IDENT AND HEALTH					
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers: Federal Government						
Federal Government		0	0	0	0	137 , 402 518 , 108
City of Detroit	199,588	318,520	0	0	0	518,108
,	, , , , , , , , , , , , , , , , , , , ,					
0299997 Group subscriber subtotal	336,990	318,520	0	0	0	655,510
0299998 Premiums due and unpaid not individually listed	000,000	010,020	0	0	0	000,010
0299999 Total group		318,520	0	n	n	655,510
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities		†				
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	336,990	318,520	0	0	0	655,510
obasasa Accident and health premiums due and unpaid (Page 2, Line 12)	330,990	310,320	Ü	U	0	033,310

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables: State of Michigan - Maternity Program State of Michigan - Psychotropic Program PCS Pharmacy Rebates Detroit Medical Center Provider Cost Settlements						
State of Michigan – Maternity Program	959,400	67 ,893				1,027,293
State of Michigan – Psychotropic Program	1,399,932	16,290				1,416,222
PCS Pharmacy Rebates	210,900	210,900	210,900	381,885	381,885	632,700
Detroit Medical Center	1,617,734				1,617,734	0
Provider Cost Settlements	335,349			763 , 116	763,116	335,349
						
						
0499999 Receivables not individually listed	28,642	26,084	118,129		0	172,855
0599999 Gross health care receivables	4,551,957	321,167	329,029	1,145,001	2,762,735	3,584,419

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims												
1	2	3	4	5	6	7						
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
Claims Unpaid (Reported) Detroit Medical Center												
Detroit Medical Center	3,228,716	252,417	203,912		3,406,800	7,091,845						
St. John Hospital Hurley Hospital	847 ,052				3,208,108	4,055,160 3,072,516						
Hurley Hospital	569,439	23,669	23,669	23,669	2,432,070	3,0/2,516						
Envision	1,201,929					1,201,929						
0199999 Individually listed claims unpaid	5 , 847 , 136	276,086	227 ,581	23,669	9,046,978	15,421,450						
0299999 Aggregate accounts not individually listed-uncovered						0						
0399999 Aggregate accounts not individually listed-covered	3,206,137	66,582	66,582	66,582	14,206,463	17,612,346						
0499999 Subtotals	9,053,273	342,668	294,163	90,251	23,253,441	33,033,796						
0599999 Unreported claims and other claim reserves		<u> </u>	<u> </u>	<u> </u>		12,443,752						
0699999 Total amounts withheld						363,529						
0799999 Total claims unpaid						45,841,077						
0899999 Accrued medical incentive pool and bonus amounts			_			3,550,379						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

Name of Affiliate 2 3 4 5 6 Admitted 7 8 1 30 Days 31 - 60 Days 61 - 90 Days Nonadmitted Current Non-Current Non-Current									
Individually Listed Receivables: Well corp. 10,019 10,019 10,019	1	2	3	4	5	6	Adm	itted	
Individually Listed Receivables: Well corp. 10,019 10,019 10,019							7	8	
		1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current	
	Individually Listed Receivables:								
	Wellcorp.				10,019	10,019			
0199999 Individually listed receivables					<u> </u>	<i>'</i>			
019999 Individually listed receivables									
0199999 Individually listed receivables 0 0 0 0 10,019 10,019 0 0 0 2999999 Receivables not individually listed									
0199999 Individually listed receivables 0 0 0 0 10,019 10,019 0 0 0 2999999 Receivables not individually listed									
0199999 Individually listed receivables 0 0 0 0 10,019 10,019 0 0 0 2999999 Receivables not individually listed		1							
0199999 Individually listed receivables 0 0 0 0 10,019 10,019 0 0 0 299999 Receivables not individually listed		T			<u> </u>				
0199999 Individually listed receivables 0 0 0 10,019 10,019 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
0199999 Individually listed receivables			†						
0199999 Individually listed receivables 0 0 0 10,019 10,019 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
0199999 Individually listed receivables									
0199999 Individually listed receivables									
0199999 Individually listed receivables									
0199999 Individually listed receivables									
0199999 Individually listed receivables 0 0 0 10,019 10,019 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
0199999 Individually listed receivables 0 0 0 10,019 10,019 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
0199999 Individually listed receivables									
0199999 Individually listed receivables		_	4						
0199999 Individually listed receivables 0 0 0 10,019 10,019 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_						
0199999 Individually listed receivables	 								
0299999 Receivables not individually listed	0199999 Individually listed receivables	0	0	0	10,019	10,019	0	0	
	0299999 Receivables not individually listed				·				
039999 Total gross amounts receivable 0 0 0 10,019 10,019 0 0	0399999 Total gross amounts receivable	0	0	0	10.019	10.019	0	0	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	2	1	5
Affiliate	Description	Amount	Current	Non-Current
	Description	Amount	Current	Non-Current
Wellcorp, Inc	Common Stock - 1 Share.	1		1
	1			
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		1	0	1
0200000 Payables not individually listed				
0000000 Table managementals		1	0	1
forgapapa i otal gross bayables		I	Ü	I I

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE THE WELLNESS PLAN

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	10,004,811	5.8	61,702	559	10,004,811	
2. Intermediaries	0	0.0		0.0		
3. All other providers		22.4	48 , 751	44 . 1	38,402,477	
Total capitation payments	48,407,288	28.3	110 , 453	100.0	48,407,288	0
Other Payments:						
5. Fee-for-service	46,733,653	27 .3	XXX	XXX	33,064,592	13,669,061
6. Contractual fee payments	49,186,024	28.7	XXX	XXX	49, 186, 024	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	308,019	0.2	XXX	XXX	308,019	
9. Non-contingent salaries	26,504,087	15.5	XXX	XXX	26,504,087	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	122,731,783	71.7	XXX	XXX	109,062,722	13,669,061
13. TOTAL (Line 4 plus Line 12)	171,139,071	100 %	XXX	XXX	157,470,010	13,669,061

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
			†	 	
			†		†
			†		
			†		
					-
9999999 Totals			XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	5,911,788		3,794,755	2,117,033	317,555	1,799,478
Medical furniture, equipment and fixtures	2,294,913		1,606,051	688 , 862		688,862
Pharmaceuticals and surgical supplies	713,467			713,467		713,467
4. Durable medical equipment						
5. Other property and equipment	421,420		417,645	3,775	566	3,209
6. Total	9,341,588	0	5,818,451	3,523,137	318,121	3,205,016



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION THE WELLNESS PLAN

2.

NAIC Group Code 1150 BUSINESS IN THE STATE OF	Michigan			İ	OURING THE YEA	AR 2003				(LOCA	TION) NAIC Compai	ny Code	95471
	1	Compre (Hospital 8		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	118,685	19	11,021				958		106,687				
2 First Quarter	117 ,525	22	9,438				821		107,244				
3 Second Quarter	116 , 122	17	8,918				671		106,516				
4. Third Quarter	113,418	16	7,303				942		105 , 157				
5. Current Year	110,453	15	6,036				944		103,458				
6 Current Year Member Months	1,375,374	216	97,606				11,037		1,266,515				
Total Member Ambulatory Encounters for Year:													
7. Physician	311,867	80	35,998				4,071		271,718				
8. Non-Physician	302,040	146	29,758				3,374		268,762				
9. Total	613,907	226	65,756	0	0	0	7 , 445	0	540,480	0	0	0	0
10. Hospital Patient Days Incurred	44,604	35	2,368				309		41,892				
11. Number of Inpatient Admissions	10,373	12	526				61		9,774				
12. Health Premiums Collected	224 , 373 , 399	38,620	13,520,436				1,890,535		208,923,808				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	228,913,367	39,921	18,039,361				1,910,277		208,923,808				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	171,139,071	36 , 155	17 , 154 , 910				1 , 781 , 126		152 , 166 , 880				
18. Amount Incurred for Provision of Health Care Services	188,187,035	39,828	17,998,648				2,002,601		168,145,958				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION THE WELLNESS PLAN

2.

NAIC Group Code 1150 BUSINESS IN THE STATE OF													95471
	1	Compre (Hospital &		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	118,685	19	11,021	0	0	0	958	0	106,687	0	0	0	(
2 First Quarter	117 ,525	22	9,438	0	0	0	821	0	107 , 244	0	0	0	(
3 Second Quarter	116 , 122	17	8,918	0	0	0	671	0	106,516	0	0	0	(
4. Third Quarter	113,418	16	7,303	0	0	0	942	0	105 , 157	0	0	0	
5. Current Year	110,453	15	6,036	0	0	0	944	0	103,458	0	0	0	(
6 Current Year Member Months	1,375,374	216	97,606	0	0	0	11,037	0	1,266,515	0	0	0	(
Total Member Ambulatory Encounters for Year:													
7. Physician	311,867	80	35,998	0	0	0	4,071	0	271,718	0	0	0	
8. Non-Physician	302,040	146	29,758	0	0	0	3,374	0	268,762	0	0	0	(
9. Total	613,907	226	65,756	0	0	0	7,445	0	540,480	0	0	0	(
10. Hospital Patient Days Incurred	44,604	35	2,368	0	0	0	309	0	41,892	0	0	0	(
11. Number of Inpatient Admissions	10,373	12	526	0	0	0	61	0	9,774	0	0	0	(
12. Health Premiums Collected	224,373,399	38,620	13,520,436	0	0	0	1,890,535	0	208,923,808	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	228,913,367	39,921	18,039,361	0	0	0	1,910,277	0	208,923,808	0	0	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	171,139,071	36 , 155	17 , 154 , 910	0	0	0	1 ,781 , 126	0	152 , 166 , 880	0	0	0	
18. Amount Incurred for Provision of Health Care Services	188,187,035	39,828	17,998,648	0	0	0	2,002,601	0	168,145,958	0	0	0	(

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons under indemnity only products _____0

SCHEDULE A VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	28,422,937
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	(1,474,163)
	2.1 Totals, Part 1, Column 10 2.2 Totals, Part 3, Column 7	(1,539,310)
	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	0
	4.1 Totals, Part 1, Column 13	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	0
	6.1 Totals, Part 1, Column 11	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	5,134,313
8.		20 , 275 , 151
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	20 , 275 , 151
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	20 , 275 , 151

SCHEDULE B VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
	Increase (decrease) by adjustment
	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
	Obstance of the second second of the second

SCHEDULE BA VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	(7,441,674)
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	134,313
	2.2 Additional investment made after acquisitions	5,134,313
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	3,387,556
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.		1,080,195
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	1,080,195
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	1,080,195

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

Schedule DA - Part 2

NONE

Schedule DB - Part A - VBY NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2 NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4
NONE

Schedule S - Part 5

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	restatement of Balance Shoot to lastiny flot of	Turk i di dout	a momouru	-
		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	66 , 165 , 510		66,165,510
2.	Accident and health premiums due and unpaid (Line 12)	655,510		655,510
3.	Amounts recoverable from reinsurers (Line 13.1)	0		0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance).	7,203,680		7,203,680
6.	Total assets (Line 26)	74,024,700	0	74,024,700
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	45 , 841 , 077	0	45,841,077
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,550,379		3,550,379
9.	Premiums received in advance (Line 8)	220,574		220,574
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	15,806,498		15,806,498
12.	Total liabilities (Line 22)	65,418,528	0	65,418,528
13.	Total capital and surplus (Line 30)	8,606,172	XXX	8,606,172
14.	Total liabilities, capital and surplus (Line 31)	74,024,700	0	74,024,700
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	0		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6 Purchases, Sales or	7 Income/ (Disbursements)	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
I			<u> </u>									†
												<u></u>
	-											
									· · · · · · · · · · · · · · · · · · ·			
)NE							
												
	-		<u> </u>							<u> </u>		
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	-											
									·			
	-											
I	1				†				†			†
									ļ			
9999999 Co	ontrol Totals	•							XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1	. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		SEE EXPL	.ANAT I	ON
2	. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[X] N	lo []
3	. Will an actuarial certification be filed by March 1?	Yes	[X] N	lo []
4	. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[X] N	No []
5	. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[X] N	√o []
6	. Will the SVO Compliance Certification be filed by March 1?	Yes	[X] N	10 []
7	. Will the Life Supplement be filed the state of domicile and the NAIC by March 1?		SEE EXPL	.ANAT I	ON
8	. Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?		SEE EXPL	.ANAT I	ON
	APRIL FILING				
9	. Will Management's Discussion and Analysis be filed by April 1?	Yes	[X] N	10 []
10). Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?		SEE EXPL	.ANAT I	ON
1	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X] N	10 []
	JUNE FILING				
12	2. Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X] N	10 []
EXP	LANATIONS:				
1. N	ot applicable.				
7. N	ot applicable				
0 1					
8. N	ot applicable				

BAR CODE:

10. Not applicable

OVERFLOW PAGE FOR WRITE-INS

M016 Additional Aggregate Lines for Page 16 Line 4. *EXNONADMIT

0404. Prepaid Employee Benefits included in Cash	370,705	0	(370,705)
0405. Prepaid Employee Benefits included in Common Stocks	659,080	0	(659,080)
0497. Summary of remaining write-ins for Line 4 from Page 16	1,029,785	0	(1,029,785)

OVERFLOW PAGE FOR WRITE-INS